

**New Jersey Department of Health and Senior Services  
Office of Managed Care  
P.O. Box 360  
Trenton, NJ 08625-0360**

**APPLICATION PACKAGE FOR  
LICENSURE AND CERTIFICATION AS AN ORGANIZED DELIVERY SYSTEM (ODS)**

**Application Checklist for ODS Certification or Recommendation for License**

Please use this checklist to complete the application package. Refer to N.J.A.C. 8:38B-2.2, 2.3 and 2.4 for more detailed instructions. (Applicants for license should refer also to regulations under Title 11 of the New Jersey Administrative Code.) Applications should be mailed to: ODS Certification at the above address or delivered to: New Jersey Department of Health and Senior Services, Office of Managed Care, Health and Agriculture Building, 6th Floor, Market and Warren Streets, Trenton, NJ.

**Part A  
(N.J.A.C. 8:38B-2.3)**

- ☐ 1. A completed Application Cover Sheet
- ☐ 2. A completed Irrevocable Consent to Jurisdiction of the Commissioners and New Jersey Courts
- ☐ 3. A completed Appointment of Attorney for the State of New Jersey (all applicants; for license, appoint the Commissioner of the Department of Banking and Insurance)
- ☐ 4. A completed Financial Risk Affidavit (applicants for certification only)
- ☐ 5. A copy of the ODS's basic organizational documents, as defined at N.J.A.C. 8:38B-1.2
- ☐ 6. A copy of the ODS's executed by-laws, plan of operation, rules and regulations, or similar documents intended to regulate the conduct of the ODS's internal affairs
- ☐ 7. A Biographical Affidavit completed for each of the individuals who are, or are intended to be, responsible for the conduct of the affairs of the ODS, including: i) members of the ODS's board of directors, executive committee or other governing board or committee; ii) the ODS's principal officers, and medical director, if applicable; iii) any person who owns or has the right to acquire 10 percent or more of the voting securities of the ODS; iv) each person that has loaned funds to the ODS for the operation of the ODS's business; and v) partners or members, in the case of a partnership or association
- ☐ 8. A business plan consisting of:
  - i) an organizational chart of the ODS;
  - ii) a narrative description of the ODS, its facilities, and personnel, and the health care services to be offered by the ODS to a carrier;
  - iii) a list of the geographical areas in which the described health care services are to be performed and approximate number of each type of provider who will provide the health care services;
  - iv) a description of any administrative services for which the ODS shall be responsible on behalf of the carrier;
  - v) a list of any affiliate of the ODS that provides services to the ODS in New

- Jersey and a description of any material transaction between the affiliate and the ODS;
  - vi) a description of any arrangements between the ODS and any other ODS or subcontractor for services associated with the provisions of health care services;
  - vii) a description of any reinsurance or stop loss arrangements;
  - viii) a plan, in the event of insolvency of the ODS, for continuation of the health care services to be provided in accordance with existing contracts and laws;
  - ix) a description of the means by which the ODS will be compensated under contracts with carriers;
  - x) a description of the arrangement for the ODS reporting of data to the carriers and a description of the carrier's oversight responsibility.
- ☐ 9. A specimen copy of all provider agreements made or intended to be executed between the ODS and providers
- ☐ 10. A specimen copy of all contracts made or intended to be executed between the ODS and any other ODS or subcontractor for services associated with the provision of health care services
- ☐ 11. A specimen copy of all management agreements made or to be executed between the ODS and one or more carriers
- ☐ 12. A list of all administrative, civil or criminal actions and proceedings to which the ODS, its affiliates, or persons who are responsible for the conduct of the affairs of the ODS or affiliate, have been subject, including a statement regarding the resolution of such actions and proceedings.
- ☐ 13. A list of the carriers with which the ODS has contracted or intends to execute a contract pending the approval of the application
- ☐ 14. A list of all states in which the ODS has been or currently is doing business as described in the application
- ☐ 15. The appropriate fee set forth at N.J.A.C. 8:38B-2.9

**Part B**  
**(N.J.A.C. 8:38B-2.4)**

- ☐ 1. Services for which certification is being sought (please check all that apply):
- ☐ 1) Performance of one or more types of health care services delivery
  - ☐ 2) Network management
  - ☐ 3) Credentialing and recredentialing
  - ☐ 4) Utilization management development
  - ☐ 5) Utilization management application
  - ☐ 6) Utilization management appeals
  - ☐ 7) Member complaints
  - ☐ 8) Provider complaints
  - ☐ 9) Continuous quality improvement
- ☐ 2. For performance of one or more types of health care services delivery:
- ☐ a) List of names of all providers by county, municipality, zip code, and services
  - ☐ b) Map of the service area identifying the location of the participating

- ☐ c) providers
 ☐ c) Criteria to assure the availability and accessibility of services to be performed
  
- ☐ 3. For network management:
  - ☐ a) Demonstration of adequacy of the network for services offered in relation to population to be served consistent with standards of N.J.A.C. 8:38B-3.5
  - ☐ b) Demonstration of the CQI program
  - ☐ c) Demonstration of the complaint and appeal system for providers
  - ☐ d) Demonstration of the provider participation panel
  - ☐ e) Demonstration of the hearing panel for provider terminations
  - ☐ f) Demonstration of records maintenance procedures and standards
  - ☐ g) Credentialing and recredentialing standards
  - ☐ h) Statement of deficiencies and POCs with respect to licensed facilities
  
- ☐ 4. For credentialing and recredentialing:
  - ☐ a) Policies and procedures demonstrating compliance with N.J.A.C. 8:38B-3.6
  - ☐ b) Designated medical director and his/her functions
  - ☐ c) Explanation of linkage and coordination with the CQI and complaint systems of the carrier(s) and/or their other contractor(s), including flow chart(s)
  
- ☐ 5. For utilization management development:
  - ☐ a) Policies and procedures for developing protocols and guidelines, demonstrating compliance with N.J.A.C. 8:38B-3.7
  - ☐ b) Designated medical director and his/her functions
  - ☐ c) Copy of the protocols and guidelines developed, and instructions for use
  
- ☐ 6. For performance of utilization management:
  - ☐ a) Policies and procedures, demonstrating compliance with N.J.A.C. 8:38B-3.8
  - ☐ b) Designated medical director and his/her functions
  - ☐ c) Explanation of medical director's oversight, if employed by the carrier
  - ☐ d) Explanation of the UM criteria used
  
- ☐ 7. For utilization management appeals:
  - ☐ a) Policies and procedures, demonstrating compliance with N.J.A.C. 8:38B-3.9
  - ☐ b) Designated medical director and his/her functions
  - ☐ c) Flow chart demonstrating communication and decision-making, if the medical director is employed by the carrier
  - ☐ d) Specimens of letters regarding appeal rights and decisions on appeals to be sent to both covered persons and providers.
  
- ☐ 8. For member complaints:
  - ☐ a) Policies and procedures, demonstrating compliance with N.J.A.C. 8:38B-3.12
  - ☐ b) Explanation of linkage and coordination with the CQI and complaint system of the carrier(s) and/or their other contractor(s)
  - ☐ c) Explanation of how complaints are segregated among carriers (and other clients)

- ☐ d) Specimens of the letters regarding complaint and complaint resolution to be sent to covered persons and providers acting on behalf of covered persons
- ☐ 9. For provider complaints:
  - ☐ a) Policies and procedures, demonstrating compliance with N.J.A.C. 8:38B-3.11
  - ☐ b) Explanation of linkage and coordination with the CQI and complaint system of the carrier(s) and/or their other contractor(s)
  - ☐ c) Explanation of how complaints are segregated among carriers (and other clients)
  - ☐ d) Specimens of the letters regarding a complaint and complaint resolution to be sent to providers.
- ☐ 10. For continuous quality improvement:
  - ☐ a) Policies and procedures, demonstrating compliance with N.J.A.C. 8:38B-3.10
  - ☐ b) Explanation of linkage and coordination with the complaint systems and other continuous quality improvement components that the carrier(s) may have
  - ☐ c) Designated medical director and his/her functions

**Part C**  
**(N.J.A.C. 8:38B-2.2)**

- ☐ 1. Application in 3-ring binder(s), labeled with the ODS' name, and serially numbered, if necessary
- ☐ 2. Application tabbed, exhibits segregated, and shown in order requested in regulations
- ☐ 3. All pages numbered
- ☐ 4. All specimen contracts contain unique identifier in lower left corner of each page
- ☐ 5. Payment by check or money order made payable to the "Treasurer, State of New Jersey"
- ☐ 6. No items left blank

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**APPLICATION PACKAGE FOR  
LICENSURE AND CERTIFICATION AS AN ORGANIZED DELIVERY SYSTEM (ODS)  
APPLICATION COVER SHEET**

|   |  |
|---|--|
| <b>1. Type of Application:</b><br><input type="checkbox"/> Licensure<br><input type="checkbox"/> Certification  | <b>2. Name of Applicant</b>                                    |
| <b>3. Physical Address of Applicant:</b><br><br>_____<br>_____<br>_____   | <b>4. Mailing Address:</b><br><br>_____<br>_____<br>_____      |
| <b>5. Organizational Information</b><br><input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Professional Association <input type="checkbox"/> Other  |  |
| <b>6. Provide a brief description of the services that the applicant will be providing:</b>   |  |
| <b>7. City and State of Incorporation (if applicable)</b><br>City: _____ State: _____   |  |
| <b>8. Federal Employer Identification Number</b> _____ <b>or</b> <b>Social Security Number</b> _____  |  |
| <b>9. Contact Person Information:</b><br>Name: _____<br>Title: _____<br>Telephone Number: _____<br>Toll-Free Number: _____<br>Fax Number: _____<br>E-mail Address: _____  |  |
| <b>10. Resident Status - Resident of New Jersey?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>County in which Home Office is located for NJ Residents</b> |
| <p style="text-align: center;"><b>Certification</b></p> <p>I, <i>(Name and Title):</i> _____<br/>certify that I am authorized to file this certification on behalf of the applicant, the information set forth in the enclosed application and herein is true to the best of my information, knowledge and belief, and that the Department of Banking and Insurance and the Department of Health and Senior Services may rely on the information set forth in the application and herein in determining whether to grant a license or certificate pursuant to <u>N.J.S.A. 17:48H-1 et seq.</u> I further certify that the applicant is familiar and will comply with the requirements set forth in <u>N.J.S.A. 17:48H-1 et seq.</u> and rules promulgated pursuant thereto.</p> |  |
| <b>Full Legal Name of Applicant (Type or Print )</b>  | <b>Title</b>   |
| <b>Signature of Applicant</b>   | <b>Date</b>  |

**IRREVOCABLE CONSENT TO JURISDICTION OF THE COMMISSIONER  
AND NEW JERSEY COURTS**

THE STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_ of  
(Name of Applicant)  
\_\_\_\_\_ is filing herewith its application for  
(Domiciliary City and State)  
certificate to operate as an organized delivery system in the State of New Jersey;

That, upon issuance of said certificate by the Commissioner of Health and Senior Services,  
\_\_\_\_\_ shall consent to the jurisdiction of  
(Name of Applicant)  
the Commissioner of Health and Senior Services and all New Jersey courts in relation to any  
transactions or other activity subject to regulation under N.J.S.A. 17B:48H-1 et seq. and all other  
applicable New Jersey statutes or rules; and

That such consent to the jurisdiction of the Commissioner of Health and Senior Services and  
the New Jersey courts shall be and remain irrevocable for as long as  
\_\_\_\_\_ possesses a certification from the  
(Name of Applicant)  
Commissioner of Health and Senior Services or engages in business as an organized delivery system  
in or from the State of New Jersey, and until all contractual obligations in the State of New Jersey are  
satisfied.

Witness our hands and the impress of the seal of said applicant, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_.

(Corporate Seal-if applicable)

Attest:

\_\_\_\_\_  
Signature of President  
(or authorized representative)

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
Signature of Secretary  
(or authorized representative)

\_\_\_\_\_  
(Print or Type Name)

**APPOINTMENT OF ATTORNEY FOR THE STATE OF NEW JERSEY  
(FOR CERTIFICATION ONLY)**

KNOW ALL MEN BY THESE PRESENTS: That the \_\_\_\_\_  
of the \_\_\_\_\_ of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_ ,  
desiring to do business in the State of New Jersey in conformity with the laws thereof, hereby,  
constitutes and appoints the Commissioner of Health and Senior Services of New Jersey, and his or  
her successor in office, to be its true and lawful Attorney, upon whom all original process in any action  
or legal proceeding against said \_\_\_\_\_  
may be served. And the said \_\_\_\_\_  
hereby stipulates and agrees that any original process against it, which is served upon said Attorney,  
shall be of the same legal force and validity as if served upon said \_\_\_\_\_ ,  
and that the authority of said Attorney shall continue in force irrevocable so long as any liability of said  
\_\_\_\_\_ remains outstanding in New Jersey.

IN WITNESS WHEREOF, the said \_\_\_\_\_  
has caused these presents to be subscribed by its President, and attested by its Secretary, and its  
corporate seal to be hereunto affixed, this \_\_\_\_\_ day of \_\_\_\_\_ ,  
20 \_\_\_\_\_ .

(Corporate Seal-if applicable)

Attest:

\_\_\_\_\_  
*Signature of President  
(or authorized representative)*

\_\_\_\_\_  
*(Print or Type Name)*

\_\_\_\_\_  
*Signature of Secretary  
(or authorized representative)*

\_\_\_\_\_  
*(Print or Type Name)*

***(Print or Type)***

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**BIOGRAPHICAL AFFIDAVIT  
(TO BE COMPLETED BY ALL APPLICANTS)**

*(Print or Type)*

Full Name and Address of Applicant *(Do not use Group Names)*:

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In connection with the above-named applicant, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS 'NO' OR 'NONE', SO STATE.

1. Affiant's Full Name\* (Initials not acceptable)

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2. Have you ever had your name changed?

☐ Yes      ☐ No

If Yes, give the reason for the change.

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a) Other names used at any time.

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3. Date of Birth

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Place of Birth

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4. Affiant's Business Address

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Business Telephone

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**BIOGRAPHICAL AFFIDAVIT  
(Continued)**

5. List your residences for the last ten (10) years starting with your current address.\*

| <u>Date</u> | <u>Street Address, City and State</u> |
|-------------|---------------------------------------|
| <hr/>       | <hr/>                                 |
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\*These items may be submitted on a separate form to maintain confidentiality.

6. Education (Dates, Names, Locations and Degrees).

a) College

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b) Graduate Studies

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c) Others

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7. List of memberships in professional societies and associations.

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8. Present or proposed position with the applicant.

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**BIOGRAPHICAL AFFIDAVIT  
(Continued)**

9. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years:

| <u>Date</u> | <u>Employer Name and Address</u> | <u>Title</u> |
|-------------|----------------------------------|--------------|
| _____       | _____                            | _____        |
| _____       | _____                            | _____        |
| _____       | _____                            | _____        |
| _____       | _____                            | _____        |
| _____       | _____                            | _____        |
| _____       | _____                            | _____        |
| _____       | _____                            | _____        |

10. Present employer may be contacted: ☐ Yes ☐ No  
Former employers may be contacted. ☐ Yes ☐ No

11. Have you ever been in a position that required a fidelity bond?

☐ Yes ☐ No

If any claims were made on the bond, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a) Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

☐ Yes ☐ No

If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

12. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (provide date license issued, issuer of license, date terminated, reasons for termination).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT  
(Continued)**

13. During the last ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?

☐ Yes      ☐ No

If yes, give details:

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14. List any insurers, prepaid dental plans, health service corporations or health maintenance organizations, in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power).

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If any of the stock is pledged or hypothecated in any way, give details:

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15. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant-organized delivery system or its affiliates?

☐ Yes      ☐ No

If any of the shares or stock are pledged or hypothecated in any way, give details:

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16. Have you ever been adjudged a bankrupt?

☐ Yes      ☐ No

17. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment, charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been a subject of any disciplinary proceedings of any federal or state regulatory agency?

☐ Yes      ☐ No

If yes, give details:

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**BIOGRAPHICAL AFFIDAVIT  
(Continued)**

- a) Has any company been so charged, allegedly as a result of any action or conduct on your part?

☐ Yes      ☐ No

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18. Have you ever been an officer, director, trustee, investment committee member, key employee or controlling stockholder of any insurer, prepaid dental plans, health service corporations or health maintenance organizations, which, while you occupied such a position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?

☐ Yes      ☐ No

19. Has the certificate of authority or license to do business of any insurer, prepaid dental plans, health service corporations or health maintenance organizations, of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position?

☐ Yes      ☐ No

If yes, give details:

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Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above-named \_\_\_\_\_  
personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_

**TABLE A**  
**SUMMARY OF PHYSICIANS BY COUNTY**  
(INDICATE NUMBER OF PROVIDERS IN EACH COUNTY)

| TYPE OF PROVIDER                         | New Jersey Counties |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | STATE<br>-WIDE |
|--|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|
|  | A<br>T<br>L         | B<br>E<br>R | B<br>U<br>R | C<br>A<br>M | C<br>A<br>P | C<br>U<br>M | E<br>S<br>S | G<br>L<br>O | H<br>U<br>D | H<br>U<br>N | M<br>E<br>R | M<br>I<br>D | M<br>O<br>N | M<br>O<br>R | O<br>C<br>E | P<br>A<br>S | S<br>A<br>L | S<br>O<br>M | S<br>U<br>S | U<br>N<br>I | W<br>A<br>R |                |
| A.PRIMARY CARE PHYSICIANS                |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 1. Family Practice                       |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 2. General Practice                      |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 3. Internal Medicine                     |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 4. Pediatrics                            |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| Subtotal                                 |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| B. SPECIALTY CARE PHYSICIANS             |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 1. Cardiologist                          |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 2. Dermatologist                         |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 3. Endocrinologist                       |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 4. Immunologist/Allergist                |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 5. Infectious Disease Specialist         |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 6. Gastroenterologist                    |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 7. General Surgeon                       |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 8. Nephrologist                          |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 9. Neurologist                           |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 10. Obstetrician/Gynecologist            |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 11. Oncologist/Hematologist              |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 12. Ophthalmologist                      |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 13. Orthopedist                          |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 14. Oral Surgeon                         |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 15. Otolaryngologist                     |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 16. Psychiatrist                         |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 17. Psychiatrist                         |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 18. Pulmonologist                        |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 19. Urologist                            |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 20. Other MD/DO Only<br>(Please Specify) |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| Subtotal                                 |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |

**TABLE B**  
**GENERAL ACUTE HOSPITALS**

*Note: Sort participating hospitals alphabetically by county and alphabetically within each county. If a hospital has more than one location in the county, make a separate row for each such location.*

[illegible]

**TABLE C**  
**SUMMARY OF ANCILLARY, TERTIARY AND SPECIALIZED PROVIDERS BY COUNTY**  
(INDICATE NUMBER OF PROVIDERS IN EACH COUNTY)

| TYPE OF PROVIDER                                    | New Jersey Counties |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             | STATE<br>-WIDE |
|---|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|
|   | A<br>T<br>L         | B<br>E<br>R | B<br>U<br>R | C<br>A<br>M | C<br>A<br>P | C<br>U<br>M | E<br>S<br>S | G<br>L<br>O | H<br>U<br>D | H<br>U<br>N | M<br>E<br>R | M<br>I<br>D | M<br>O<br>N | M<br>O<br>R | O<br>C<br>E | P<br>A<br>S | S<br>A<br>L | S<br>O<br>M | S<br>U<br>S | U<br>N<br>I | W<br>A<br>R |                |
| A. ANCILLARY PROVIDERS                              |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 1. Optometrists                                     |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 2. Physical Therapy Centers                         |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 3. Psychologists                                    |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 4. Occupational Therapy Centers                     |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 5. Speech Therapy Centers                           |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 6. Audiology Centers                                |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 7. Laboratory Centers                               |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 8. Diagnostic Radiology Centers                     |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 9. Home Health Agencies                             |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 10. MRI Centers                                     |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 11. Other (Please Specify):                         |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| B. TERTIARY AND SPECIALTY                           |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 1. Level I and II Trauma Centers                    |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 2. Perinatal Service Facilities                     |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 3. Tertiary Pediatric Centers                       |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 4. Inpatient Adult Psychiatric Facilities           |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 5. Outpatient Adult Psychiatric Centers             |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 6. Inpatient Pediatric Psychiatric Facilities       |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 7. Outpatient Pediatric Psychiatric Service Centers |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 8. Inpatient Rehabilitation Facilities              |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 9. Outpatient Rehabilitation Centers                |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 10. Inpatient Substance Abuse Facilities            |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 11. Outpatient Substance Abuse Centers              |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 12. Skilled Nursing Facilities                      |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 13. Hospice Agencies                                |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 14. Inpatient Radiation Therapy Centers             |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 15. Outpatient Radiation Therapy Centers            |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 16. Diagnostic Cardiac Catherization Centers        |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| Specialty Outpatient Centers:                       |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 1. HIV/AIDS Centers                                 |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 2. Sickle Cell Anemia Centers                       |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 3. Hemophilia Centers                               |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 4. Craniofacial Centers                             |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 5. Congenital Anomalies Centers                     |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |
| 6. Renal Dialysis Centers                           |                     |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |             |                |